Attention MD

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Thank you for your interest in our services. I am asking you and your child's teacher(s) to fill out the enclosed questionnaires as carefully as possible. If he or she has had an evaluation by your school study team (psychologist, counselor, social worker, principal) including classroom observations, psycho-educational testing, copies of your child's cumulative record, and previously filled out teacher questionnaires we would like a copy of these reports. Copies of report cards and any previous testing are also helpful. I will personally evaluate these records prior to the initial appointment to understand your child's history.

ADHD DIAGNOSTIC EVALUATION COSTS

Questionnaires review & Dr. Mason's evaluation of the information *before* the initial appointment	$110.00	CPT code 96116
Initial appointment with Dr. Mason (85-90 min)	$325.00	CPT code 99204
Neuropsychological computerized diagnostic test	$135.00	CPT code 96130

Full payment of $570.00 is expected upon checkout at the time of service.
If possible, both parents should attend the initial appointment. Every perspective is very helpful.

****PLEASE NOTE: WE DO NOT BILL OR PARTICIPATE WITH ANY INSURANCE COMPANIES****

We provide you with the forms necessary to submit a claim, and your insurance company reimburses *you* according to your out-of-network benefit contract with them. We encourage you to call your insurance company to discuss your benefits using the CPT codes noted above.

CANCELLATION POLICY

If you need to cancel your initial appointment, you must do so **AT LEAST 72 HOURS IN ADVANCE**. Follow-up appointments require 24 hours notice. Missed appointments and cancellations after these deadlines incur the following fees: $50.00 for follow-up appointments; $100 for an initial appointment. If you miss your initial appointment we will request the $100 be paid before adding you back on to the schedule, which can be several months out or longer.

FOLLOW-UP APPOINTMENTS

The staff will be contacting you as your initial appointment approaches to schedule your first 3 follow-up appointments, each in one-month intervals after your initial appointment. We do our best to accommodate your schedule but our appointment availability can be extremely limited. The cost is $165.00 per appointment (CPT code 99214), payable upon virtual check-out.

After your first 3 follow-up visits, frequency of appointments are every 1-3 months based on individual needs and complexity, until treatment is stabilized. Due to regulations regarding controlled substances, most patients appointment frequency requires 3-4 visits per year.

Please do not hesitate to contact our office if you have any questions.
We look forward to meeting you and welcoming you to our practice!

I have read the above and agree:

Signed: ______________________________ Date: ____________________

Patient Information	
Date of Birth:	Today's date:
Last Name:	First Name: M ☐ F ☐
Address:	City, State, Zip
Emergency contact:	Contact's phone:

Parent/Guardian Information	
Primary Contact Name:	Alternate Contact Name:
Relationship to patient:	Relationship to patient:
Address: (if different)	Address: (if different)
City, State, Zip	City, State, Zip
Cell phone:	Cell phone:
Landline:	Landline:
Email:	Email:

Insurance Information (for printing on claim forms)	
Insurance Company:	
ID#:	Group #:
Subscriber's Name:	Subscriber's DOB:
Patient's Relationship to Subscriber:	

Parent/Guardian Questionnaire

Today's Date:

Child's Name: Age:

Your Name:

Relationship to child:

Primary care physician:

Child's school: Grade level:

Has your child already been diagnosed with ADD, ADHD or a learning disability?

If so, when and by whom?

Please describe your concerns for your child:

When did you first notice these problems?

Who suggested you child be evaluated?

Who referred you to this office?

Please include the name and address of all current physicians:

PREGNANCY AND NEWBORN HISTORY

Pregnancy

Mother's age when child was born

Hospitalization required

Medical complications during pregnancy

Operation(s) while pregnant

Smoking during pregnancy # cigarettes per day

Alcohol, marijuana use in pregnancy

Prescription drug use during pregnancy

Delivery

Length of pregnancy in months Birth weight Apgar scores, if known

Complications

Infant injury or stress during delivery

Other

Post-Delivery Period

Jaundice Cyanosis (turned blue) Incubator care Infections

Number of days infant was in hospital after delivery

Complications or problems while in the hospital

Health problems in the month following birth

Infancy—Toddler Period

Yes	No	
☐	☐	Were there feeding problems during early infancy?
☐	☐	Baby difficult to cuddle?
☐	☐	Colicky?
☐	☐	Sleep pattern difficulties during early infancy?
☐	☐	Problems with alertness?
☐	☐	Any congenital problems?
☐	☐	Difficult baby (did not calm easily or follow a schedule, excessive crying)?
☐	☐	As a toddler, was your child excessively restless?
☐	☐	Behave poorly with others?
☐	☐	Insistent and demanding?
☐	☐	Extremely active (into everything)?
☐	☐	Accident prone or clumsy?

GROWTH AND DEVELOPMENT

Indicate whether your child achieved these developmental milestones at a normal age compared to other children.

	early age	normal age	later than normal
Smiled	☐	☐	☐
Sat without support	☐	☐	☐
Crawled	☐	☐	☐
Stood without support	☐	☐	☐
Walked	☐	☐	☐
Ran	☐	☐	☐
Rode tricycle	☐	☐	☐
Rode bicycle, no training wheels	☐	☐	☐
Threw a ball	☐	☐	☐
Caught a ball	☐	☐	☐
Spoke first words	☐	☐	☐
Said phrases	☐	☐	☐
Spoke in sentences	☐	☐	☐
Recited alphabet in order	☐	☐	☐
Began to read	☐	☐	☐
Buttoned clothes	☐	☐	☐
Tied shoelaces	☐	☐	☐
Bladder trained, daytime	☐	☐	☐
Bladder trained, nighttime	☐	☐	☐
Bowel trained	☐	☐	☐

Was there anything else about your child's early growth and development that seemed unusual?

MEDICAL HISTORY

Has your child had any heart problems? This includes murmurs, EKGs, echocardiograms, visits to a cardiologist, etc. If so, list any tests done with dates and diagnoses

Does your child have any allergies to medications?

Does your child suffer from allergies, asthma or rashes? If yes, which ones?

Hearing problems?

Repeated ear infections at any age?

Bedwetting?

Other bowel or bladder control problems?

Has your child ever had seizures?

Fainting with exercise?

Headaches or vision problems? If so, describe:

Concussion, loss of consciousness or severe head injury?

Any broken bones?

Poisoning or stomach pumped?

Please describe any other medical or surgical problems requiring hospitalization or significant medical care:

Medications NOT for AD/HD

Please list all medications your child uses whether daily or "as-needed". Include all vitamins, supplements and over-the-counter medications: *(Note that ADD/ADHD medications will be listed separately.)*

Medication name	***Dose***	***Frequency***	***Used every day?***

FAMILY HISTORY

Home situation:

☐ ☐ Child lives with both parents
Who else lives in household including siblings? (names, ages)

Pleases rate your marriage/relationship:

(troubled) *(average)* *(strong)*

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

OR

☐ ☐ Parents divorced/separated

☐ Child lives primarily with mother. What is father's involvement?

☐ Child lives primarily with father. What is mother's involvement?

Who else lives in father's household? (names, ages)

Who else lives in mother's household? (names, ages)

Family Stress

Has the family undergone any high stress situations **in the last year**? If so, please describe below.

Yes	No		
☐	☐	Parents divorced or separated	
☐	☐	Severe accident or illness in family	
☐	☐	Death in the family	
☐	☐	Parent lost or changed job	
☐	☐	Change of school system	
☐	☐	Family moved	
☐	☐	Financial stress in family	
☐	☐	Other (describe):	

Family Health History

*Please indicate which, if any, of the following **blood relatives** have these listed disorders.*

	Birthfather	Birthmother	Siblings	Paternal relatives	Maternal relatives
ADD/ADHD diagnosed	☐	☐	☐	☐	☐
ADD/ADHD suspected	☐	☐	☐	☐	☐
Learning disabilities, dyslexia	☐	☐	☐	☐	☐
Depression	☐	☐	☐	☐	☐
Bipolar disorder, manic-depression	☐	☐	☐	☐	☐
Anxiety, panic attacks	☐	☐	☐	☐	☐
OCD (Obsessive Compulsive Disorder)	☐	☐	☐	☐	☐
Tics or Tourette's disorder	☐	☐	☐	☐	☐
Heart attack	☐	☐	☐	☐	☐
Sudden death before age 55	☐	☐	☐	☐	☐
Other heart conditions	☐	☐	☐	☐	☐
Alcohol abuse, alcoholism	☐	☐	☐	☐	☐
Other substance abuse	☐	☐	☐	☐	☐
Suicide	☐	☐	☐	☐	☐
Schizophrenia	☐	☐	☐	☐	☐
Arrest, criminal behavior	☐	☐	☐		
Incarceration: prison sentence	☐	☐	☐		
Physical abuse victim	☐	☐	☐		
Physical abuse perpetrator	☐	☐	☐	☐	☐
Sexual abuse victim	☐	☐	☐		
Sexual abuse perpetrator	☐	☐	☐	☐	☐
Aggressive, defiant, oppositional as a child	☐	☐	☐	☐	☐
Dropped out of school	☐	☐	☐	☐	☐

Are there any other medical conditions that run in your families?

ADHD HISTORY

Has your child been previously evaluated for ADHD or a related disorder by a physician, psychologist or school? If yes, when and by whom:

****Please have copies of any testing sent to our office. ****

****Please bring any school testing and representative report cards to our office. ****

Has your child been treated with biofeedback, diet, vitamins etc? If yes, please describe his/her response:

Please list all medications previously or currently used for ADD/ADHD:

Medication name	***Dose***	***Effects?Problems?***	***Start Date***	***End Date***

Is your child **currently** undergoing counseling? ☐YES ☐NO If yes, is it helpful?

Has your child undergone counseling i**n the past**? ☐YES ☐NO If yes, was it helpful?

Has psychiatric hospitalization ever been needed? ☐YES ☐NO If yes, please describe:

History of suicidal thoughts or threats? ☐YES ☐NO If yes, please describe:

History of suicide attempt? ☐YES ☐NO If yes, please describe:

SCHOOL HISTORY

Please list schools attended:

School	Grade levels attended

Briefly summarize progress at the following grade levels. Include academic, behavioral and/or social problems

Preschool

Kindergarten

Primary grades (1-5)

Middle school (6-8)

High school (9-12)

What is (are) your child's best subject(s)?

Educational Services:

Yes	No		If yes, please describe
☐	☐	Does your child receive Special Education or Resource Room services?	
☐	☐	IEP or 504 provided by school?	
☐	☐	Has your child ever received tutoring?	
☐	☐	Has your child ever needed speech therapy?	
☐	☐	Repeated a grade?	
☐	☐	Been suspended from school?	
☐	☐	Does your child struggle especially with math classes?	
☐	☐	Reading difficulties?	
☐	☐	Writing difficulties?	
☐	☐	Are there any other academic or learning problems you have noted?	

Classroom performance:

Over the years, have your child's teachers reported the following?

Yes	No		If yes, please describe
☐	☐	Frequent disruptions in the classroom	
☐	☐	Daydreaming, inattention	
☐	☐	Failing to complete work	
☐	☐	Performing below potential	
☐	☐	Bullying	
☐	☐	Bullied by others	
☐	☐	Class clown	
☐	☐	Isolation, social rejection	
☐	☐	Sent to office frequently	

SOCIAL SKILLS:

Problems getting along with other children:

☐ Never a problem ☐ Occasional problem ☐ Significant problem ☐ Severe problem

Describe:

Problems getting along with any siblings:

☐ Never a problem ☐ Occasional problem ☐ Significant problem ☐ Severe problem

Describe:

How well does your child make friends?

☐ Never a problem ☐ Occasional problem ☐ Significant problem ☐ Severe problem

Describe:

How well does your child keep friendships?

☐ Never a problem ☐ Occasional problem ☐ Significant problem ☐ Severe problem

Describe:

How well does your child play with other children of the same age? Older? Younger?

☐ Never a problem ☐ Occasional problem ☐ Significant problem ☐ Severe problem

Describe:

Please describe his/her self-esteem.

☐ No problem at all ☐ Occasional problem ☐ Significant problem ☐ Severe problem

Describe:

STRENGTHS, INTERESTS AND ACCOMPLISHMENTS

What are your child's favorite activities, hobbies and sports?

What are your child's proudest accomplishments?

Who are the people that best appreciate your child along with you?

Does your child have strengths or special gifts that you see developing?

What are the characteristics that you think will be your child's greatest strengths throughout life?

Is there anything else you can tell us that will help us understand and appreciate your child?

BEHAVIORAL DEVELOPMENT

Please rate your child's recent symptoms:

Attention and Activity

	Never	Occasionally	Often	Very often
Makes careless mistakes	☐	☐	☐	☐
Has difficulty sustaining attention to tasks or to play	☐	☐	☐	☐
Doesn't listen well, even when spoken to directly	☐	☐	☐	☐
Fails to finish projects, assignments, duties, chores	☐	☐	☐	☐
Has trouble organizing tasks or activities	☐	☐	☐	☐
Avoids tasks that require mental effort	☐	☐	☐	☐
Loses or misplaces things (possessions, assignments, schoolwork, etc.)	☐	☐	☐	☐
Easily distracted	☐	☐	☐	☐
Forgetful	☐	☐	☐	☐
Fidgety or hyperactive	☐	☐	☐	☐
Has difficulty remaining seated	☐	☐	☐	☐
Has difficulty playing quietly	☐	☐	☐	☐
Talks excessively	☐	☐	☐	☐
Blurts out answers before question is completed	☐	☐	☐	☐
Has difficulty awaiting turn	☐	☐	☐	☐
Interrupts or intrudes on others	☐	☐	☐	☐
Always "on the go"	☐	☐	☐	☐
Very active—runs about excessively	☐	☐	☐	☐

Oppositionality:

	Never	Occasionally	Often	Very often
Loses temper	☐	☐	☐	☐
Argues with adults	☐	☐	☐	☐
Actively defies or refuses adult requests or rules	☐	☐	☐	☐
Does things that deliberately annoy other people	☐	☐	☐	☐
Blames others for own mistakes	☐	☐	☐	☐
Touchy or easily annoyed by others	☐	☐	☐	☐
Angry or resentful	☐	☐	☐	☐
Spiteful or revengeful	☐	☐	☐	☐
Swears or uses obscene language	☐	☐	☐	☐

Any comments:

Please specify the age these problems began:

Conduct disorders:

No	Sometimes	Often	
☐	☐	☐	Runs away from home
☐	☐	☐	Lies
☐	☐	☐	Deliberately sets fires
☐	☐	☐	Misses classes or responsibilities without your permission
☐	☐	☐	Evidence of breaking and entering
☐	☐	☐	Is cruel to animals
☐	☐	☐	Has forced someone into sexual activity
☐	☐	☐	Initiates physical fights
☐	☐	☐	Is physically cruel to others

Any comments:

Please specify the age these problems began:

Separation fears:

No	Sometimes	Often	
☐	☐	☐	Unrealistic worry about the possibility of harm to a family member
☐	☐	☐	Unrealistic worry that a calamity will separate the child from the family.
☐	☐	☐	Refusal to go to school
☐	☐	☐	Refusal to sleep alone
☐	☐	☐	Avoidance of being alone
☐	☐	☐	Nightmares of separation
☐	☐	☐	Complaints of body aches and pains
☐	☐	☐	Distress anticipating separation
☐	☐	☐	Distress when away from home

Any comments:

Please specify the age these problems began:

Anxiety symptoms:

No	Sometimes	Often	
☐	☐	☐	Unrealistic worry about future events
☐	☐	☐	Unrealistic worry about appropriateness of past behavior
☐	☐	☐	Unrealistic concern about competence
☐	☐	☐	Marked self-consciousness
☐	☐	☐	Need for details and reassurance when looking forward to new experiences
☐	☐	☐	Difficulty relaxing
☐	☐	☐	Compulsive habits: handwashing, chewing on clothes, twirling hair, picking at skin, counting rhythms, etc.
☐	☐	☐	Nail-biting
☐	☐	☐	Any other nervous habit

Any comments:

Please specify the age these problems began:

Depression symptoms:

No	Sometimes	Often	
☐	☐	☐	Depressed or irritable mood most of the day, nearly every day
☐	☐	☐	Diminished pleasure in activities; loss of interest in hobbies, interests
☐	☐	☐	Change in appetite—either a decrease or an increase
☐	☐	☐	Excessive sleeping or trouble getting to sleep/staying asleep
☐	☐	☐	Marked agitation
☐	☐	☐	Fatigue or loss of energy
☐	☐	☐	Feeling of worthlessness or excessive guilt
☐	☐	☐	Diminished ability to concentrate
☐	☐	☐	Suicidal thought or attempts

Any comments:

Please specify the age these problems began:

Coordination and motor control:

No	Sometimes	Often	
☐	☐	☐	Motor tics: blinking, squinting, facial or head jerking
☐	☐	☐	Vocal tics: clearing throat, repetitive noises, humming, sniffling
☐	☐	☐	Repetitive movements: grimaces, rocking, hand-flapping
☐	☐	☐	Clumsiness, problems with coordination
☐	☐	☐	Problems with fine motor control
☐	☐	☐	Poor handwriting

Any comments:

Please specify the age these problems began:

Sleep pattern:

No	Sometimes	Often	
☐	☐	☐	Trouble falling asleep
☐	☐	☐	Trouble staying asleep—nighttime awakening
☐	☐	☐	Early morning awakening
☐	☐	☐	Difficulty arising in the morning
☐	☐	☐	Sleepiness or falling asleep during the day
☐	☐	☐	Snoring
☐	☐	☐	Apnea—stopping breathing
☐	☐	☐	Unusually severe or persistent nightmares

Any comments:

Please specify the age these problems began:

Hyper-sensitivities:

None	Mild	Severe	
☐	☐	☐	Sensitivity to clothing, tags
☐	☐	☐	Sensitivity to textures
☐	☐	☐	Sensitivity to loud noises
☐	☐	☐	Sensitivity to tastes or smells
☐	☐	☐	Sensitivity to crowds, commotion
☐	☐	☐	Picky eater

Any comments:

Please specify the age these problems began:

Emotional extremes:

No	Sometimes	Often	
☐	☐	☐	Moods that change suddenly and last for several hours to a few days
☐	☐	☐	Decreased need for sleep; up late at night ***and*** early in the morning
☐	☐	☐	Periods of excessive involvement in multiple projects, activities
☐	☐	☐	Excessive or precocious sexual interest or behavior
☐	☐	☐	Severe anxiety, separation panic
☐	☐	☐	Unusually strong cravings for sweets
☐	☐	☐	Very fast talking, unable to be quiet for more than a few seconds
☐	☐	☐	Racing thoughts, rapid-fire change of subjects
☐	☐	☐	Grandiose beliefs about self—able to fly, able to read minds, etc.
☐	☐	☐	Hallucinations—objects, voices or sensations that are not real

Any comments:

Please specify the age these problems began:

DNS Rating Scale
Parent-Mother Report of Child Behavior

Instructions: Please check the appropriate description for each observation below. If an item was not present or not observed, check "not at all." **Focus on the previous two weeks.**

Factor 1	Not at all	Just a little	Pretty much	Very much
Doesn't finish things	☐	☐	☐	☐
Difficulty paying attention	☐	☐	☐	☐
Does not seem to listen	☐	☐	☐	☐
Difficulty following instructions	☐	☐	☐	☐
Difficulty getting organized	☐	☐	☐	☐
Avoids doing things that require a lot of mental effort	☐	☐	☐	☐
Loses things	☐	☐	☐	☐
Easily distracted	☐	☐	☐	☐
Forgetful	☐	☐	☐	☐

Factor 2

Too much energy	☐	☐	☐	☐
Fidgety, restless	☐	☐	☐	☐
Interrupts, blurts out, immature responses	☐	☐	☐	☐
Acts without thinking, neglects consequences	☐	☐	☐	☐
Difficulty calming down once upset	☐	☐	☐	☐
Impatient, unable to wait turn	☐	☐	☐	☐
"On the go," acts as if "driven by a motor"	☐	☐	☐	☐
Defensive, argumentative	☐	☐	☐	☐
Over-reacts, gets too excited or emotionally intense	☐	☐	☐	☐

Factor 3

Emotionally insecure, vulnerable	☐	☐	☐	☐
Appears depressed	☐	☐	☐	☐
Anxious, fearful, panicky	☐	☐	☐	☐
Worries about future events, inadequacy, failure	☐	☐	☐	☐
Over-reacts, gets too excited or emotionally intense	☐	☐	☐	☐
Meticulous, perfectionist	☐	☐	☐	☐
Pessimistic, sees worst side of situations	☐	☐	☐	☐
Quick to perceive social rejection	☐	☐	☐	☐
Low self-esteem	☐	☐	☐	☐

Factor 4

Dissatisfied, unhappy with life	☐	☐	☐	☐
Trouble completing homework, chores	☐	☐	☐	☐
Symptoms interfere with friendships, social life	☐	☐	☐	☐
Sleep problems—insomnia, irregular sleep, fatigue	☐	☐	☐	☐
Symptoms interfere with learning	☐	☐	☐	☐
Symptoms interfere with family function	☐	☐	☐	☐

DNS Rating Scale
Parent-Father Report of Child Behavior

Instructions: Please check the appropriate description for each observation below. If an item was not present or not observed, check "not at all." **Focus on the previous two weeks.**

Factor 1

	Not at all	Just a little	Pretty much	Very much
Doesn't finish things	☐	☐	☐	☐
Difficulty paying attention	☐	☐	☐	☐
Does not seem to listen	☐	☐	☐	☐
Difficulty following instructions	☐	☐	☐	☐
Difficulty getting organized	☐	☐	☐	☐
Avoids doing things that require a lot of mental effort	☐	☐	☐	☐
Loses things	☐	☐	☐	☐
Easily distracted	☐	☐	☐	☐
Forgetful	☐	☐	☐	☐

Factor 2

Too much energy	☐	☐	☐	☐
Fidgety, restless	☐	☐	☐	☐
Interrupts, blurts out, immature responses	☐	☐	☐	☐
Acts without thinking, neglects consequences	☐	☐	☐	☐
Difficulty calming down once upset	☐	☐	☐	☐
Impatient, unable to wait turn	☐	☐	☐	☐
"On the go," acts as if "driven by a motor"	☐	☐	☐	☐
Defensive, argumentative	☐	☐	☐	☐
Overly talkative	☐	☐	☐	☐

Factor 3

Emotionally insecure, vulnerable	☐	☐	☐	☐
Appears depressed	☐	☐	☐	☐
Anxious, fearful, panicky	☐	☐	☐	☐
Worries about future events, inadequacy, failure	☐	☐	☐	☐
Over-reacts, gets too excited or emotionally intense	☐	☐	☐	☐
Meticulous, perfectionist	☐	☐	☐	☐
Pessimistic, sees worst side of situations	☐	☐	☐	☐
Quick to perceive social rejection	☐	☐	☐	☐
Low self-esteem	☐	☐	☐	☐

Factor 4

Dissatisfied, unhappy with life	☐	☐	☐	☐
Trouble completing homework, chores	☐	☐	☐	☐
Symptoms interfere with friendships, social life	☐	☐	☐	☐
Sleep problems—insomnia, irregular sleep, fatigue	☐	☐	☐	☐
Symptoms interfere with learning	☐	☐	☐	☐
Symptoms interfere with family function	☐	☐	☐	☐

WEISS FUNCTONAL IMPAIRMENT RATING SCALE (WFIRS-P) – PARENT REPORT

INSTRUCTIONS: Circle the number for the rating that best describes how your child's emotional or behavioral problems have affected each item ***in the last month.***

A. Family Issues

		Never or not at all	Sometimes or somewhat	Often or much	Very often or very much	Not Applicable
1.	Has problems with brothers and sisters	0 ☐	1 ☐	2 ☐	3 ☐	☐
2.	Causes problems between parents	0 ☐	1 ☐	2 ☐	3 ☐	☐
3.	Takes time away from family members' work or activities	0 ☐	1 ☐	2 ☐	3 ☐	☐
4.	Causes fighting in the family	0 ☐	1 ☐	2 ☐	3 ☐	☐
5.	Isolates the family from friends and social activities	0 ☐	1 ☐	2 ☐	3 ☐	☐
6.	Makes it hard for the family to have fun together	0 ☐	1 ☐	2 ☐	3 ☐	☐
7.	Makes parenting difficult	0 ☐	1 ☐	2 ☐	3 ☐	☐
8.	Makes it hard to give fair attention to all family members	0 ☐	1 ☐	2 ☐	3 ☐	☐
9.	Provokes others to hit or scream at him/her	0 ☐	1 ☐	2 ☐	3 ☐	☐
10.	Costs the family more money	0 ☐	1 ☐	2 ☐	3 ☐	☐

B. Learning and School

1.	Makes it difficult to keep up with homework	0 ☐	1 ☐	2 ☐	3 ☐	☐
2.	Needs extra help at school	0 ☐	1 ☐	2 ☐	3 ☐	☐
3.	Needs tutoring	0 ☐	1 ☐	2 ☐	3 ☐	☐
4.	Causes problems for the teacher in the classroom	0 ☐	1 ☐	2 ☐	3 ☐	☐
5.	Receives 'time-out' or removal from the classroom	0 ☐	1 ☐	2 ☐	3 ☐	☐
6.	Has problems in the schoolyard	0 ☐	1 ☐	2 ☐	3 ☐	☐
7.	Receives detentions (during or after school)	0 ☐	1 ☐	2 ☐	3 ☐	☐
8.	Suspended or expelled from school	0 ☐	1 ☐	2 ☐	3 ☐	☐
9.	Misses classes or is late for school	0 ☐	1 ☐	2 ☐	3 ☐	☐
10.	Receives grades that are not as good as his/her ability	0 ☐	1 ☐	2 ☐	3 ☐	☐

C. Life Skills

		Never or not at all	Sometimes or somewhat	Often or much	Very often or very much	Not Applicable
1.	Excessive use of TV, computer, or video games	0 ☐	1 ☐	2 ☐	3 ☐	☐
2.	Difficulty keeping clean, brushing teeth, bathing, etc.	0 ☐	1 ☐	2 ☐	3 ☐	☐
3.	Has problems getting ready for school	0 ☐	1 ☐	2 ☐	3 ☐	☐
4.	Problems getting ready for bed	0 ☐	1 ☐	2 ☐	3 ☐	☐
5.	Has eating problems (picky eater, junk food, etc.)	0 ☐	1 ☐	2 ☐	3 ☐	☐
6.	Has sleeping problems	0 ☐	1 ☐	2 ☐	3 ☐	☐
7.	Gets hurt or injured	0 ☐	1 ☐	2 ☐	3 ☐	☐
8.	Avoids exercise	0 ☐	1 ☐	2 ☐	3 ☐	☐
9.	Needs more medical care	0 ☐	1 ☐	2 ☐	3 ☐	☐
10.	Has trouble taking medications, getting needles or visiting the doctor/dentist	0 ☐	1 ☐	2 ☐	3 ☐	☐

D. Child's Self-Concept

		Never or not at all	Sometimes or somewhat	Often or much	Very often or very much	Not Applicable
1.	My child feels bad about himself/herself	0 ☐	1 ☐	2 ☐	3 ☐	☐
2.	My child does not have enough fun	0 ☐	1 ☐	2 ☐	3 ☐	☐
3.	My child is not happy with his/her life	0 ☐	1 ☐	2 ☐	3 ☐	☐

E. Social Activities

		Never or not at all	Sometimes or somewhat	Often or much	Very often or very much	Not Applicable
1.	Is teased or bullied by other children	0 ☐	1 ☐	2 ☐	3 ☐	☐
2.	Teases or bullies other children	0 ☐	1 ☐	2 ☐	3 ☐	☐
3.	Has problems getting along with other children	0 ☐	1 ☐	2 ☐	3 ☐	☐
4.	Affects participation in after-school activities (sports, music, clubs)	0 ☐	1 ☐	2 ☐	3 ☐	☐
5.	Has problems making new friends	0 ☐	1 ☐	2 ☐	3 ☐	☐
6.	Has problems keeping friends	0 ☐	1 ☐	2 ☐	3 ☐	☐
7.	Has difficulty with parties (not invited, avoids them, misbehaves)	0 ☐	1 ☐	2 ☐	3 ☐	☐

F. Risky Activities

		Never or not at all	Sometimes or somewhat	Often or much	Very often or very much	Not Applicable
1.	Easily led by other children (peer pressure)	0 ☐	1 ☐	2 ☐	3 ☐	☐
2.	Breaks or damages things	0 ☐	1 ☐	2 ☐	3 ☐	☐
3.	Does things that are illegal	0 ☐	1 ☐	2 ☐	3 ☐	☐
4.	Has been involved with the police	0 ☐	1 ☐	2 ☐	3 ☐	☐
5.	Smokes cigarettes	0 ☐	1 ☐	2 ☐	3 ☐	☐
6.	Takes illegal drugs	0 ☐	1 ☐	2 ☐	3 ☐	☐
7.	Does dangerous things	0 ☐	1 ☐	2 ☐	3 ☐	☐
8.	Causes injury to others	0 ☐	1 ☐	2 ☐	3 ☐	☐
9.	Says mean or inappropriate things	0 ☐	1 ☐	2 ☐	3 ☐	☐
10.	Behaves in inappropriate sexual manner	0 ☐	1 ☐	2 ☐	3 ☐	☐

DO NOT WRITE IN THIS AREA	
A. Family	
B. Learning and school	
C. Life skills	
D. Child's self-concept	
E. Social	
F. Risk	
Total	

Thank you for the considerable effort you have taken to complete this work